

# Miami County Health Department

## Genealogy Search Request Form

Name at Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mail To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Daytime Phone Number (including area code): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

The fee for a genealogy search is \$25 for the first half hour, and \$10 for each additional half hour. The amount of time that will be spent on your search is dependant on how much your check or money order is made out for. If you are unsure how much your search may cost, please call 765-472-3901 extension 228 for additional information. Any unused money cannot be refunded.

Enclose a copy of Driver's License or state issued photo I.D. and a check or money order made payable to the Board of Health and send them along with this completed form to:

Miami County Courthouse  
Attention: Registrar  
25 North Broadway Street, Room 106  
Peru, IN 46970

In order to process your request, this form must be filled out completely.